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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) providing a pay corrected below or directed otherwise in Block 1, by (b) providing a pay corrected below or directed otherwise in Block 1, by (c) providing a pay corrected below or directed otherwise in Block 1, by (c) providing a pay corrected below or directed otherwise in Block 1, by (c) providing a pay corrected below or directed otherwise in Block 1, by (c) providing a pay corrected below or directed otherwise in Block 1, by (d) providing a pay corrected below or directed otherwise in Block 1, by (d) providing a pay corrected below or directed otherwise in Block 1, by (d) providing a pay corrected below or directed otherwise in Block 1, by (d) providing a pay corrected below or directed otherwise in Block 1, by (d) providing a pay corrected below or directed otherwise in Block 1, by (d) providing a pay corrected below or directed otherwise in Block 1, by (d) pay corrected below or directed otherwise in Block 1, by (d) pay corrected below or directed otherwise in Block 1, by (d) pay corrected by the pay

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						(Depositor's name)
						(Signature)
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APPLICATION NO.	ATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/578,323 05/04/2006 TITLE OF INVENTION: ECHO CANCELLER		Masashi Takada	31869-230501		5758	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	07/06/2010
EXAM	INER	ART UNIT	CLASS-SUBCLASS			
ISLAM, MOH	IAMMAD K	2614	379-406080			
"Fee Address" indi PTO/SB/47; Rev 03-0/ Number is required. 3. ASSIGNEE NAME AN PLEASE NOTE: Unle recordation as set forth (A) NAME OF ASSIG OKi Electi	ondence address (or Charletta (or "Fee Address" 2 or more recent) attach ND RESIDENCE DATA ass an assignee is identian 37 CFR 3.11. Composite Com	Indication form ed. Use of a Customer TO BE PRINTED ON The delication of this form is NO. Y CO., Ltd.	(B) RESIDENCE: (CITY	3 registered patent vely, e firm (having as a n gent) and the names meys or agents. If no printed. ee) atent. If an assignee assignment. and STATE OR CO	nember a 2 Michae of up to 3 Todd 2 resist identified below, the deputy of the contract of the	le LLP el A. Sartori, Ph.D R. Farnsworth occument has been filed for
Advance Order - #	o small entity discount p of Copies	ermitted)	D. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 22-0261 (enclose an extra copy of this form).			
 Change in Entity State a. Applicant claims 	us (from status indicated SMALL ENTITY statu:		☐ b. Applicant is no long	er claiming SMALL	ENTITY status. See 37 CI	FR 1.27(g)(2).
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Authorized Signature _	Muhaix	120_		Date Jun	<u>29, 2010</u> 41,289	
		. Sartori, I				
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